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Almost Within Our Grasp

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WE, AT THIS MOMENT, pause to welcome a new opportunity for California doctors to serve their state—a renewed occasion to translate into action the deliberations of this House, dedicated to assuring excellent health for a dynamic America.

Change is upon us, and with ever increasing acceleration. Time was, when physicians were traditionally stabilized in society. In those halcyon years medicine bore many fruits for her patients. Antiseptics, anesthetics and antibiotics were developed. With its scientific allies, medicine warred on other plagues of mankind until they faltered and fell: diabetes, glaucoma, pernicious anemia.

Let us acknowledge the driving essence of these victories over disease. Ambition was not enough—it required dedication to patients. Intelligence did not suffice—it needed moral fiber. Material reward was hollow—it required thankful human beings. As we step forward to serve America in the coming year, let us preserve those basic ingredients that made our efforts successful.

Saving the best of the past, however, must never impede the acceptance of the new. Fresh and profound social changes are upon us. People have tasted the delights of good health and rightly demand it. With magnificent broad education, Americans are recognizing excellence of quality in medicine and will have nothing less. Having changed from a pattern of a savings account economy to one of pay-as-you-go acceleration, they insist upon avoiding most unexpected expenses by insurance. Americans

demand prepayment for their health needs. The more complete the coverage, the more pleased the citizen-voter.

And all of this is occurring in the new framework of increasing group action and enlarging government. Medicine has too often failed to recognize a potential basis for common agreement with new social forces. Labor has long ago joined business as a mature member of the economic family. When problems arise which tend to separate us from a major group in society, let us first agree on the areas that unite us instead of belaboring the problems that divide us. Let us see in responsible labor and responsible business many forces emphasizing the dignity of individualism and major bulwarks against massive paternalistic government.

As for the role of government, if it would be constructive and helpful in problems of health it should do no more than assure fair play and indicate broad lines of principles to aid great industries and professions in serving the people. Government can be the umpire. Thus it must stay out of the game. When the government seeks health services for its employees or its charges, it must, if America is to be well served, obtain them in the open market in cooperation with medicine which has evolved delicate and proven methods for assuring quality, personal service and reliability.

What is the priceless health care ingredient that doctors know the people will lose if government destroys the present form of medical practice? They will lose quality medical care administered by a personal physician performing at his maximal capa-

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city. What factors are essential to inspire such effort under all circumstances? They are not many: First, the privilege of a patient to consciously employ and/or dismiss his doctor with full freedom; second, the necessity of the doctor's carrying the continuing full responsibility for the consequences of his decisions; and finally, the inspiration of maximal personal concern and mutual understanding between a doctor and his patient. To the degree that personal selection is impaired, mediocrity is invited. To the extent that responsibility and continuity is diluted, maximal effort is sapped; to the point that empathy and mutual respect are compromised, catastrophe is tempted. These are basic truths that will be acknowledged by all wishing to obtain the best medical care.

We do not ask what rights can we demand to protect our practice, but rather, what safeguards are needed to assure the best medical care for all people.

And if the medical profession is itself to be worthy of its obligation, it has many clear responsibilities. Some are well recognized and well implemented. Its scientific excellence is outstanding. The quality of medical education stands as a beacon of academic and professional self-discipline outside of government. Other responsibilities are more recently assumed. I refer to making health facilities available to all people. Medicine recognizes this as a legitimate demand of our citizens. In cooperation with the responsible, distinguished, and socially sensitive California Hospital Association, this medical team is intent upon meeting this demand.

Still another challenge is being met with full energy and dedication. This is the assurance of quality in medical services—in the office, in groups, and in the hospital. It must be flawless at all levels. The people will accept nothing less; our profession must demand of itself even more. Our insistence on quality is underscored by action: Legislation in cooperation with the legal profession, active support of quality recommendations of the Governor's Committee on the Study of Medical Aid and Health, and close cooperation with the Hospital Association. These represent effective acceleration along the path of quality assurance. More lies in the future. We cannot falter until we and all patients know in our hearts that each doctor is acting in his field of competence and at full quality. Some of medicine's finest opportunities for self-determination lie in this area.

And can we let this year, that portion of the future which is almost within our grasp, pass without soul-searching decisions and vigorous action in modernizing our methods by which our patients can purchase our services?

Experimentation is not only for the natural sciences. It must apply to developing new and variable methods for providing health services. A method which flourishes in one area is restrictive in another; one that unites a small group disrupts a large one. There is no universal single method, there are only common principles. The best medicine and health care is dynamic, personal, local, responsive. To propose the centralization of a massive single health directive for a whole state or, worse yet, a whole nation, would be to choke off the unfolding promise of one of the finest flowers of our American culture—its health.

Economic habits have changed. Installment payments have replaced cash and carry; insurance has supplanted bank reserves. As with their homes, their life insurance, their property liability, Americans demand that health liability be prepayable. Doctors must make their service fit in the new pattern. This means quality assurance, abuse control and predictable charges. In the past decade great progress has been made in all three. It is not enough for a doctor to say he serves; he must ask, "Is it my best?" It is insufficient for a doctor to know he heals; he must ask, "Have I done it efficiently?" It is inadequate for a doctor to know that his charge was for saving life; he must ask, "Would my charges be considered fair by my professional peers?"

It is in the charges for professional service that emotions run highest and understanding lowest—emotions of physicians and of patients alike. Herein lies the last major area of insufficient unity. We have made major progress, however. Our C.P.S. has been a pattern for all the nation. Our Relative Value Study has received the sincerest form of flattery—imitation. Local and regional plans of various medical foundation concepts have met a need and inspired local physicians to see, to understand and to guide the processes that make medicine's services marketable at maximal coverage.

Here is our single major and most urgent action if medicine is to survive in a form to produce its greatest good: Either all doctors unite to establish their own disciplined program of reasonable prices for their services in a prepayment system available to all, or the government will do it for them. It will do so destroying many essential aspects of the health care of the people, and at exorbitant cost. We have little time left. It may already be too late. This is a trying lesson in democracy for our profession. Excellent methods have been devised by partners, fine procedures are in use by county societies, exciting principles have been approved by this House of Delegates. However, major decisions often echo with reservations, hesitancy, doubt. Of course in a republic there is always a minority opinion. Let there always be a minority, for therein lies the essence

and flexibility of a democracy. Let there, however, always be an inspired majority, assuming its responsibility with vigor and vision and resting secure in the knowledge that it has united behind it the entire profession, and that its cause is right.

And so, my fellow physicians, as we move together into a new year with your newly selected leaders, what do we offer America for her confidence in us? A responsible profession, concerned with the cost of health and doing something about it; a humble profession, aware of its limitations but determined to care for our patients with ability and

dedication; a proud profession, sharing with citizens the knowledge that with our system, America enjoys the finest fruits of excellent health ever known to man.

And finally, at this moment of rededication, what do we ask in return? Only the privilege of remaining the personal servants of the people of California and America, so that when history looks back upon our efforts and the confidence placed in us, it can truly say we recognized the privilege, we gave our best, and, with the help of God, we did not fail.

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